

Women & Harm Reduction: Agree or Disagree

Facilitator Activity Guide

This resource is part of WHAI's **Women and Harm Reduction In Ontario: A Capacity Building Toolkit**, which was created to strengthen the work harm reduction programs do with women who use drugs.

TIPS FOR USE:

This activity is intended to be used to support organizational capacity building work by exploring people's values, feelings, assumptions, and judgments related to women who use drugs. It relates to other components of the Toolkit. Facilitators should be creative and use it in different ways, depending on the type of capacity building work being facilitated. Here are some tips to get started:

- Have participants complete the sheet independently at the beginning of a capacity building session and review it again at the end to see if there have been changes in how people feel about certain scenarios. After each time completing the worksheet, invite the group to have a discussion, asking questions such as, ***“What stood out to you?” “What was surprising?” “What resonated?”*** and ***“How might this impact harm reduction work?”*** At the end, invite the group to reflect on questions such as, ***“What has changed?” “What work still needs to be done?”*** and ***“How can you foster harm reduction work with women?”***
- In the Facilitator Guide you will find some discussion points for each statement. Refer to these to further the discussion, or to raise points for conversation.
- Remember to let people know whether they will have to share their answer so they can answer in the way they are most comfortable.
- Remember to let participants know that some of these are complicated topics. The statements are not all true or false statement. Rather they are intended to generate discussion and reflection while building capacity to work with women who use drugs.



HELPFUL RESOURCES

Ontario Drug Policy Research Network

 odprn.ca

Ontario Harm Reduction Distribution Program

 ohrdp.ca

Ontario Harm Reduction Network

 ohrn.org

Public Health Ontario Interactive Opioid Tracker

 publichealthontario.ca

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MEN USE MORE DRUGS THAN WOMEN



DISCUSSION POINTS

- Everyone's drug use is different and can depend on many factors. Regardless of whether men use drugs more or less than women, it is important for harm reduction programs to ensure access to harm reduction programs is free of barriers, including gender-based barriers.
- Data collection on this subject can be difficult to accurately report on. Data can vary depending on the types of drugs included (prescription, illicit, alcohol, etc.), modes of use (injection, oral, inhalation, etc.), who participates, who is collecting information, and concerns about confidentiality.
- Despite differences in how data is collected, there are some resources to find local information:
- Ontario Drug Policy Research Network (ODPRN) provides information on gender and stimulant use, opioid use, and overdose rates.
- Public Health Ontario Interactive Opioid Tracker provides information on gender, drug type, overdose deaths, public health units, and LHINS, as well as death rates and emergency department visits and hospitalizations.
- Reviewing information from local harm reduction programs can also help in understanding local trends. Looking at the statistics about who accesses local programs, and any differences between program structures (e.g., do more women access certain types of programs than others, such as mobile, satellite, or outreach-based programs?) can provide insight into local trends as well as possible barriers women may experience accessing services.

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MEN ARE MORE LIKELY TO USE OPIOIDS THAN WOMEN



DISCUSSION POINTS

- Every person is different and has different drug preferences, and drug-use trends are different in different regions, making it important to avoid generalizations. In some cases, women may prefer opioids, and in others, women may prefer other drugs. At the same time, understanding local trends can help our harm reduction work.
- According to our consultations with women across Ontario (N=61), 64% of women use opioids while 80% use stimulants (e.g., crack, cocaine).
- According to the Ontario Drug Policy Research Network's data on opioid related deaths in Ontario, "older individuals and women were more likely to have an active opioid prescription at the time of death."* This data also shows that one in two women had an active prescription compared to one in four men. While this is helpful data to understand some drug-use trends, it doesn't necessarily mean that women use opioids more than men, but rather that more hold an active prescription.
- According to Public Health Ontario's Interaction Opioid Tool, opioid-related emergency department visits in recent years were more common amongst men in almost all age categories except 65+, and to a lesser degree, under age 14.

*Gomes, T et al. Contributions of prescribed and non-prescribed opioids to opioid-related deaths: A population-based cohort study in Ontario, Canada. *The BMJ*, 2018.

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WOMEN EXPERIENCE BARRIERS TO HARM REDUCTION PROGRAMS



Agree



Disagree



Unsure

DISCUSSION POINTS

- Women who participated in this project spoke about different barriers they have experienced when trying to access harm reduction programs. Below are some examples:
 - » Women experiencing homelessness may face barriers since some shelters have a “no drug use” policy, or discharge people who are using drugs. This can result in women not wanting to carry harm reduction supplies.
 - » Homelessness can also create pressure for women to enter into relationships for safety and/or a place to sleep; however, these relationships can reduce autonomy and create power imbalances related to who picks up drugs and harm reduction supplies, who accesses harm reduction resources and support, and who controls the administration of drugs.
 - » Women who are pregnant or parenting often face judgment about their drug use and capacity to parent. This can create fear that they will be reported to child welfare services, or face judgmental questions and statements from service providers, resulting in avoidance of harm reduction programs.
 - » Concerns about violence can create barriers to visiting harm reduction programs or carrying harm reduction supplies. In fact, women sometimes do not want to visit spaces where men are present for safety reasons, or may not feel safe in particular areas of the city. Ultimately, this can create barriers for women in their access to harm reduction programs.
- Women face many barriers to harm reduction programs. These are only a few. It can be helpful to check in with women locally to understand what barriers exist, and how to reduce these barriers.

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LIGHTERS AND HYGIENE SUPPLIES ARE AN UNNECESSARY PERK FOR HARM REDUCTION PROGRAMS



Agree



Disagree



Unsure

DISCUSSION POINTS

- While lighters may seem like an unnecessary perk in a harm reduction program, they can help women to reduce the pressure to share drugs or equipment in exchange for using someone’s lighter (e.g., “you can use my lighter for a toke”). This can help women to increase their independence and autonomy in drug-using practices, which in turn, impacts their safety.
- While hygiene supplies may also seem like an unnecessary perk, many women identify hygiene supplies as a tool to build relationships and trust with staff at harm reduction programs, increasing their comfort in accessing the program. Hygiene supplies can also help to foster positive self-image, mental health, and even safety. They are also helpful items for women living in poverty.

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PROVIDING A VARIETY OF NEEDLE SIZES IS IMPORTANT



DISCUSSION POINTS

- Including small gauge and short tipped needles can be helpful for people who have small or narrow veins, which can be important for some women, helping to prevent vein damage.
- Needles that can be used for intramuscular injection and subcutaneous (under the skin) injection are important for those injecting Botox, silicone, or hormones. This is particularly relevant for Trans communities, and helps to prevent people from sharing needles or using the same needle multiple times.

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THE RISK OF OVERDOSE IS HIGHER FOR WOMEN THAN MEN



DISCUSSION POINTS

- Overdose prevention work is important for everyone who uses drugs and their communities. Women may be around drug use, or use drugs after others do, putting them in a position to respond to overdose. This means that access to training, information, and support is important for women.
- According to the Ontario Drug Policy Research Network (2017)*, more men than women pass away from overdose overall; however, women in rural settings are more likely than men to pass away from an overdose.
- For information on local and provincial overdose trends, including death rates, hospital emergency department visits, and gender, see Public Health Ontario's Interactive Opioid Tool.
- Organizing women-specific trainings can help to foster women's access to overdose prevention training and build comfort to discuss grief, loss, and other experiences related to overdose.

* "Latest Trends in Opioid Related Deaths: Exploring Differences Among Men and Women" by the Ontario Drug Policy Research Network. More information available at odprn.ca

**DISCUSSION POINTS**

- Different drugs have different impacts during pregnancy and there are a range of reasons people take drugs. Each situation is unique.
- Stigma and judgment about drug use during pregnancy can have a significant impact on the lives of women who use drugs, sometimes creating barriers for women to access services.
- Given that drug use can be harmful to the fetus, knowledgeable, non-judgmental health and social support is important to explore options and reduce harms for both the fetus and woman.
- There can be risks associated with stopping or reducing drug use during pregnancy that can be managed with effective medical treatment. This is specifically true for women who use opioids. Supporting women who use drugs and are pregnant to receive harm reduction based medical and social supports can help to reduce harms.*
- Staff at harm reduction programs can provide important referrals and supports. Using a strengths-based perspective, referring to supportive services such as health care, prenatal care, housing supports, food programs, and supportive community and friends can all be helpful. It may also be helpful to have someone attend appointments with, and/or help out when the baby is born.

* *“Exposure to Psychotropic Medications and Other Substances during Pregnancy and Lactation: A HANDBOOK FOR HEALTH CARE PROVIDERS.” 2017. Centre for Addiction and Mental Health and Motherisk.*

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WOMEN WHO USE DRUGS DO SEX WORK TO PAY FOR DRUGS



DISCUSSION POINTS

- Some women may do sex work in order to afford drugs, while others may be pressured into sex work, and others still may do drugs to help facilitate their sex work. However, not all women who use drugs do sex work
- Income through sex work can help to ensure women have enough money to buy their own drugs and can reduce the pressure for them to be dependent on others.
- Harm reduction programs can support women who do sex work and use drugs by providing safer sex supplies, Bad Date lists, and sex-work friendly spaces for sex workers to support each other.

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WOMEN WHO INJECT DRUGS ARE AT GREATER RISK FOR CONTRACTING HIV AND HCV



DISCUSSION POINTS

- Risk for HIV and HCV is different for everyone and depends on many factors; however, there are some gender-specific trends that are helpful to be aware of.
- Research shows that women are often second to use a needle* and are more likely to receive assisted injection (when one person receives assistance with administering an injection from another)**. These patterns increase the risk for HIV and HCV through the use of shared equipment.
- Providing information on self-injection can help to reduce these risks along with other risks including injury, infection, and even overdose. Harm reduction programs may also consider running workshops where women can teach each other injection techniques and tips.

* "Women who Inject Drugs: Overlooked, Yet Visible." International AIDS Society (IAS) HIV Co-Infections and Co-Morbidities initiative. More information available at: [iasociety.org](https://www.iasociety.org)

** "Strategies and recommendations for research and evaluation of assisted injection in Supervised Consumption Services and Overdose Prevention Sites." Gillian Kolla, Prepared for Health Canada. October 2018.

